ASC Surge Strategies

SURGE STRATEGIES AND CONSIDERATIONS - June, 2014

Note: Strategies may not be appropriate for all incidents or all facilities

SPACE – Surge Strategies for ASCs

Objective: Increase the ability to take on disaster surge patients by using traditional space and repurposing use of other space

| # | Strategy/Implementation Steps | Regulatory and other considerations |
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| 1 | ☐ Cancel elective surgery cases so traditional patient care areas can be used for surge patient | |
| 2 | □ Increase space by converting non-patient care areas into patient care areas for treatment □ Break rooms □ Meeting rooms □ Other | Maintain break room or other assigned area for staff to rest Ensure planning to maintain patient monitoring for nontraditional patient care areas Ensure infection control procedures are maintained Define appropriate types of patients for these areas Identify an area(s) appropriate for triage |
| 3 | ☐ Partner with geographically close facilities - for example: all suturing cases to one and reductions to another | Establish communication with facilities that are not planning/able to participate in surge response independently Consider physician offices Written partner agreements are encouraged |
| 4 | ☐ Partner with geographically close acute care facility | - Acute care hospitals may need additional space. Consideration could be given to creating MOU for use of space. |
| 5 | ☐ Utilize parking lots or other outdoor space — examples of use: registration, family waiting, triage, vaccinating. | Legal regulations and limitation for outdoor space Weather and time of day Security Use of EZ ups Consider traffic pattern issues for safety |
| 6 | ☐ Serve as charging stations — for example: home care patients that need electricity to power their IV pumps, ventilators, etc. | A minimum of 2 employees would need to be present for safeguarding ASC not being used for medical care Generally only 50% of outlets are linked to generator (2 red plugs per bed) |
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| STAFF – Surge Strategies Objectives: Maintain staffing levels and/or expand the workforce OR Support acute care facility | | | | | | |
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| # | Strategy/Implementation Steps | Regulatory and other considerations | | | | |
| 7 | ☐ Call in off-duty staff and/or request current staff to remain ☐ Assign and train staff to disaster roles before the event ☐ Encourage staff to maintain gas level in vehicles to at least half full | Employees may be employed at more than 1 location Identify which employees will be available to you during a disaster prior to the disaster Regularly update staff contact list Security – identify those who can be reassigned to security and provide training | | | | |
| 8 | ☐ Partner with geographically close facilities that may have staff to assist | Establish communication with facilities that are not planning/able to participate in surge response independently Written partner agreements are encouraged | | | | |
| 9 | □ Develop procedure to accept and assign volunteers □ Accept volunteer staff requested through local jurisdiction | - Volunteer competencies are verified by local jurisdiction. For example: for surgery cases only OR nurses accepted | | | | |
| 10 | ☐ Provide just-in-time (JIT) training | - JIT training will be needed for outside staff received and possibly for regular staff who are unfamiliar with surge procedures | | | | |
| 11 | ☐ Partner with geographically close acute health care facility to support their staffing if not using ASC as a treatment area | - Hospital will need to have a plan to accept non-contracted staff - Encourage staff to sign up as Disaster Healthcare Volunteer | | | | |

STUFF – Surge Strategies

| Objective: Ensure adequate supplies and equipment | | | | | | |
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| # | Strategy/Implementation Steps | Regulatory and other considerations | | | | |
| 12 | ☐ Ensure emergency supply of food, water and personal supplies for staff | Recommend a 72hr supply Storage area for supplies Water can be stored outside if not in direct sunlight and should not be directly on concrete | | | | |
| 13 | ☐ Utilize current inventory supplies, implementing conservation methods | - Maintain standards of care during conservation of supplies | | | | |
| 14 | □ Contact local/non-traditional vendors for resupply □ Recommend agreements with local merchants including pharmacies | - Many healthcare entities utilize the same vendors and therefore supplies may be limited | | | | |
| 15 | ☐ Partner with geographically close facilities that may have supplies that can be utilized | - Establish communication with facilities that are not planning/able to participate in surge response independently - Consider physician's offices | | | | |
| 16 | ☐ Partner with geographically close acute health care facilities that may need additional supplies to serve the patient surge | - Consideration could be given to adding supplies to MOU with acute care hospital | | | | |
| 17 | ☐ Contact LA County Department Operations (DOC) Center for medical supply assistance; | - After exhausting all traditional ways of securing medical supplies, LA County DOC for heath may be contacted through the established resource requesting process | | | | |
| 18 | ☐ Ensure enough fuel or power for generator use for up to 72 hours | - Secure means for additional fuel to maintain generator - Need CMS clarification on waiver/relaxing of regulations in continuing to use generator power after current case is completed for disaster patients - Allowed up to 200 hours each year. Some relaxing of standards by AQMD for disasters | | | | |
| 19 | ☐ Maintain at least 1 non-digital (analogue) phone line for use during a power outage | - Digital phone systems will not work if power is out - Can add a line attached to fax machine | | | | |
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MODE OF OPERATIONS - Surge Strategies Objective: To change operations by redirecting resources to provide services to surge patients **Strategy/Implementation Steps** Regulatory and other considerations # ☐ Extend operating hours 20 ☐ Accept minor, stable patients via BLS transport or from acute - Define types of patients facility is able to accept. Different scenarios 21 care facility should be considered e.g. earthquake vs. pan flu ☐ Update security plan to include specifics for surge - Considerations should include situation of facility e.g. located within 22 a building or free-standing ☐ Hold patients for longer than 23 hours if needed -Need CMS clarification on waiver/relaxing of regulations 23 ☐ Assist and house staff family members 24 - Family should bring own supplies ☐ Develop disaster policies and procedures outlining your response - Determine what you can do for your community 25 capabilities - See ASC disaster guide